

The Lifeguarding Experts

INSTRUCTOR TRAINER TRAINING RECORD - SWIM

Last Name First Given Name						Birth Date YY/MM/DD	
Permanent Address							
City		Province	Postal Co	ode Lifesaving Soci		iety ID # (If Known)	
Home Phone #	Phone # Business Phone		# Ema		l address		
Prerequisites Current Bronze Cross Examiner – appointment date							
Trainer Clinic I certify that the individual identified above has successfully completed a Lifesaving Society Instructor Trainer course and has been successfully evaluated on Leadership, Participation, Preparation, Evaluation, and Use of Resources. Clinic Provincial Trainer: Clinic Location: Provincial Trainer Signature: Phone:							
3. Apprenticeship Experiences (This must be done with a current experienced Lifesaving Society Instructor Trainer.)							
Course Content Areas Teaching		Evaluating		wledge	Management	Date	Trainer Signature & ID #
About the Lifesaving Society							
Learning & Teaching							
Planning							
Strokes, Skills, & Fitness							
Teaching & Evaluating Swimming							
Responsibility & Safety							
Dear Trainer (s): Each topic should not be signed until all four evaluation areas are checked (3). Your signature indicates that the apprentice is capable of preparing and presenting the content area successfully, without supervision. Please use these charts to assist with your evaluation of and feedback to your assistant. (See Section 1 Unit 3, p. 64, Notes for Instructor Trainers.) Please give the apprentice direct feedback on each area and for every apprenticeship experience.							
Specific Apprentice Skills	Date		Trainer Signature & Phone #				
Leadership							
Attend a Full Course							
Plan a Full Course Schedule							
Evaluation							
Use of Resources							
Safety Supervision							
4. Council Chair Approval When all above areas are complete, send this Training Record with the \$27.00 certification fee to the Lifesaving Society, 400 Consumers Road, Toronto, Ont. M2J 1P8. Council Chair Approval: Date							